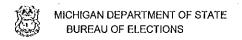


## COVER PAGE

#### FOR OFFICIAL USE ONLY

COVER PAGE		<u>-</u>					
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers: fro	<sub>m</sub> 07/21/14	to 10/20/14			
1. Committee I.D. Number		4. Candidate Last Name	First	t Name	M,L		
<b>6074</b> 14074		Hickner	Thomas		L		
2. Committee Name		4a. Office Sought Including Dis	trict # or Community	y Served (If applica	ble)		
		County Executive					
Tom Hickner for County Exe	ecutive	4b. County of Residence BA	<b>Y</b>				
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ntial Address				
4821 E. Westgate Drive		Thomas L. Hickner					
Bay City MI 48706		4821 E. Westgate D	rive				
		Bay City MI 48706					
Area Code and Phone (989) 992-4579							
If the address in this box is different from the comm mailing address on the Statement of Organization, r	ittee nail may	/080) 00	12_4570				
be sent to this address by the filing official.		Area Code & Phone (989) 99					
7. Treasurer's Business Address		Designated Record Keeper     Designated Record Keeper)	's Name and Mailing	Address (If the co	mmittee has a		
515 Center Avenue		n/a					
Ssutie 401							
Bay City MI 48708							
Area Code and Phone		Area Code and Phone			<del></del>		
9. TYPE OF STATEMENT			9e. Dissolution o	of Candidate Comm	nittee		
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the current year:		by the committee to	o the candidate or h	any outstanding debt is or her spouse is here		
Pre-Election or Post-Election Statement relates to:	July Quart	erlv	the committee. The	e committee has no	ger collectible from outstanding assets,		
Primary	oui, audit	o.,,	owes no lates tees	or has any outstand	anig debt.		
General	X October Q	uarterly	Further, if the disso considered a reque	olution cannot be gra	anted, that this be		
Convention			considered a reque	st for the Reporting	vvalvei.		
Special	9c. Annua	Statement (		1.1. 6.15 1.15.			
School		Coverage Year	Effective	date of dissolution			
Caucus		dment to Campaign Statement plete Item 9a, 9b, 9c or 9e to			•		
<del></del>		te which Statement is being	Note: The dispositi	ion of residual funds he Summary Page.	s must be reported on		
	amend	led.)	Schedule 15 and t	ne Summary Fage.			
Date of Election, Convention or Caucus							
10. Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true, a	ence was used accurate and co	in the preparation of this statement	ent and attached sch	nedules (if any) and	to the best of		
Current Treasurer or Thomas L. Hie	ckner			10-	23-2014		
Designated Record Keeper Type or Print Name		Signature		— Date ———			
Type or Print Name		J. J					
Candidate Thomas L. Hickner		1/1//		Date10-	23-2014		
Type or Print Name		Signature					

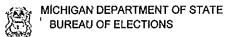


1. Committee I.D. Number	•

# SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name \_\_\_

RECEIPTS	. Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 700.00	:
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$700.00	(18.) \$ \$6,195.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _\$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _\$700.00	(20.) \$ \$6,195.00
IN-KIND CONTRIBUTIONS & EXPENDITURES	4	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$ \$0.00
EXPENDITURES	,	
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$84.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _\$84.00	(23.) \$ \$2,634.88
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)  11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$ \$0.00	
(Add Line 10a + Line 10b)  DEBTS AND OBLIGATIONS	(11.) \$ \$0.00	(24.) \$ \$2,934.25
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _\$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$970.71	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$ \$700.00	_
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$1,670.71	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$84.00	-
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$1,586.71	*



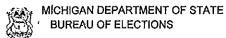
# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number \_\_

14074

**CANDIDATE COMMITTEE** 

Enter contributor's name and address. If contribution is from an individumiddle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
3. Contribution # 1 PAC Receipt? YES 4. Date of Re	ecei	pt 08/15/14		
Steven & Dena Wirt 196 Athlone Beach Bay City MI 48706			<sub>\$</sub> 500.00	<sub>\$</sub> \$600.00
5. If over \$100.00 cumulative, please provide:	, a d		Click Here for	or Memo Itemization
Occupation financial Employer self employ		<del>.</del>		
Business Address 3520 Davenport Ave, Saginaw, MI 48602				
Type of Contribution:		Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Re Name & Address	eceip	ot <u>07/22/14</u>		
Walter & Ann Hagen 4650 Elm Drive Bay City MI 48706			ş <u>30.00</u>	<sub>\$</sub> 30.00
5. If over \$100.00 cumulative, please provide:			Click Here fo	r Memo Itemization
Occupation retired Employer n/a				
Business Address n/a				
Type of Contribution: Direct Loan from a person		Fund Raiser		
<ol> <li>Contribution # 3 PAC Receipt? YES 4. Date of Ronaum Address:</li> </ol>	ecei	pt 08/10/14		
David & Cheryl Powers 861 S. Linwood Beach Road Lindowwd, MI 48634			\$ 20.00	<sub>\$</sub> 20.00
5. If over \$100.00 cumulative, please provide:			Click Here for	r Memo Itemization
Occupation attorney Employer self employer	ed			
Business Address 900 Washington Avenue Bay City MI 48708				
Type of Contribution: V Direct Loan from a person		Fund Raiser	<b>W</b>	
Contribution # 4 PAC Receipt? YES 4. Date of R Name & Address	tecei	ipt 08/13/14		
Richard & Marilyn Somalski 1630 N. SE Boutell Road Essexville, MI 48732			<sub>\$</sub> 100.00	<u>\$_200.00</u>
5. If over \$100.00 cumulative, please provide:			Click Here for	Memo Itemization
Occupation retired Employer n/a				
Business Address n/a				
Type of Contribution: V Direct Loan from a person		Fund Raiser		
		Page Subtotal	\$650.00	
(Co		and Total of All Schedules 1A ete on last page of Schedule)	Enter this total on	J
Page of			line 3a of Summary Page.	



## **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

1. Committee I.D. Number \_

14074

**CANDIDATE COMMITTEE** 

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
Contribution # 1     Name & Address:	PAC Receipt?	YES 4. Date of R	ecei	ipt 07/14/14		
Martin & Jackoly 609 Glenview Co Pinconning, MI	ourt				<sub>\$</sub> 50.00	<sub>§</sub> 100.00
5. If over \$100.00 cum	ulative, please pro				Click Horo f	or Memo Itemization
Occupation business	owner	Employer Pinny Food	d Ce	enter	Click nere i	or wemo itemization
Business Address 704	South Mable	Street Pinconning, MI 4	865	50		
Type of Contribution:	✓ Direct	Loan from a person		Fund Raiser		
Contribution #2     Name & Address	PAC Receipt?	YES 4. Date of Re	ecei	pt	-	
					\$	. \$
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here fo	or Memo Itemization
Occupation		_ Employer		· · · · · · · · · · · · · · · · · · ·		
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution # 3     Name & Address:	PAC Receipt?	YES 4. Date of R	ecei	ipt		_
5. If over \$100.00 cum	ulativo nlease pro	wide:			\$Click Here fo	\$r Memo Itemization
	nation produce pro					
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of F	Rece	ipt		
					\$	\$
5. If over \$100.00 cumu	ılative, please pro	vide:			Click Here for	r Memo Itemization
Occupation		_ Employer			CHOIC FOIG FOI	Mono Romaduon
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
				Page Subtotal	\$50.00	
Grand Total of All Schedules 1A			\$700.00			
Page 1 of 2		(00	иnpl	ete on last page of Schedule)	Enter this total on line 3a of Summary Page.	_



### ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

12140743456-7 1. Committee I. D. Number

CANDIDATE COMMITTEE 2. Committee Name Tom Hickner for County Executive			
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1  Name Bay County Democratic Party  Address	Purpose: ad: golf outing	07/20/14 Date	\$ 70.00
2341 E. Beaver Road Kawkawlin MI		Here for Memo	ltemization Type
Fund Raiser Expenditure #2	statement		
Name PNC Bank	Purpose: service charges	09/02/14 Date	\$ 14.00
Address 1111 N. Euclid Avenue Bay City MI 48706		lere for Memo	Itemization Type
Fund Raiser  Expenditure #3  Name	statement	Date	\$
Address  Fund Raiser	Purpose:  Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	lere for Memo	Itemization Type
Expenditure #4 Name Address	Purpose:	Date	\$
Fund Raiser	Click H  Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo	Itemization Type
Expenditure #5 Name			_
Address  Fund Raiser	Purpose:  Click H  Check box if this expenditure is payment of debt or obligation reported on previous statement	Date lere for Memo	\$ltemization Type
	Subtot	tal this page	\$84.00
	Grand Total of all S (Complete on last page		\$84.00

Enter this total on line 8a of Summary Page